Integration of HIV/AIDS, STD, TB and Viral Hepatitis
New York State's Experience

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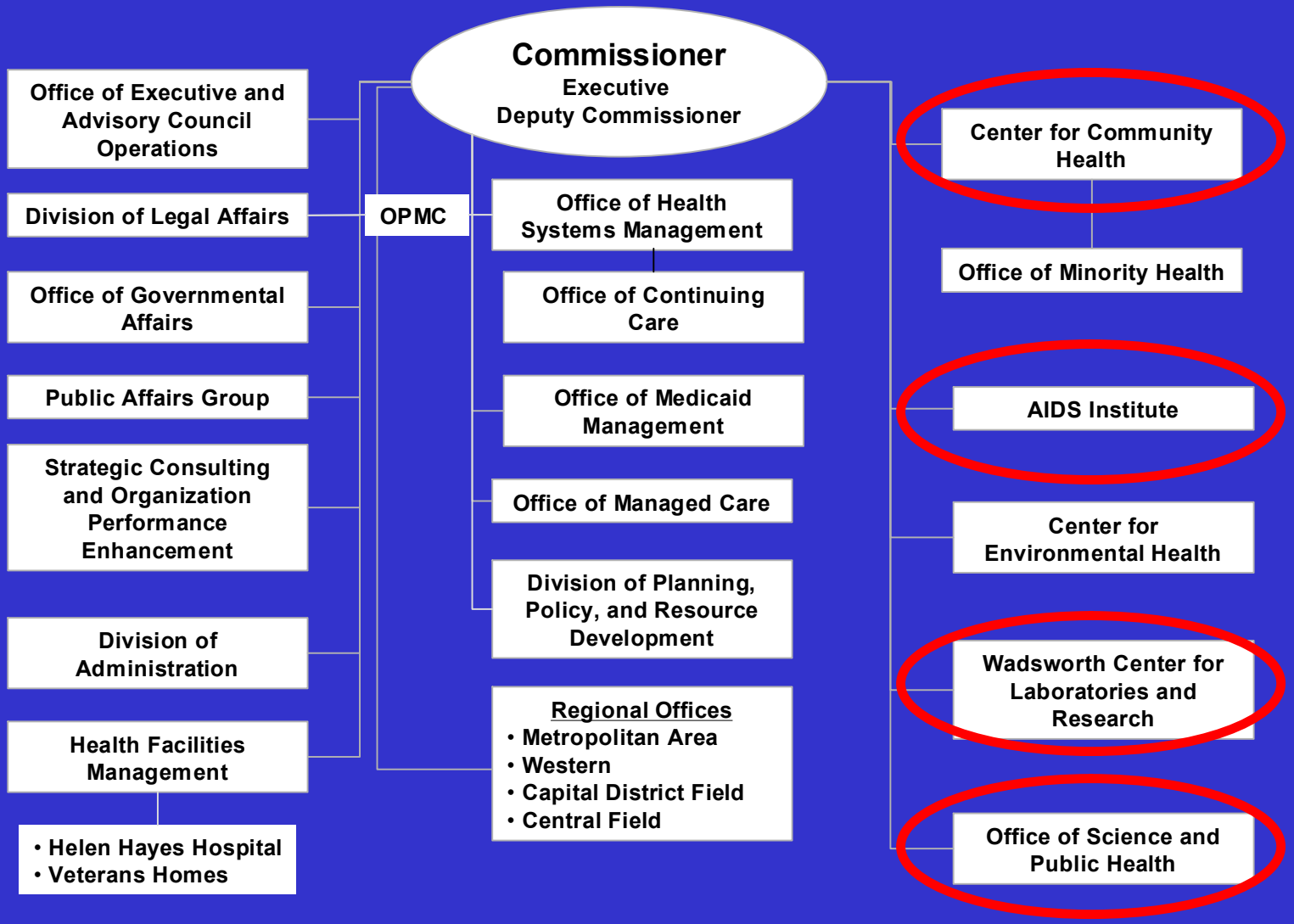
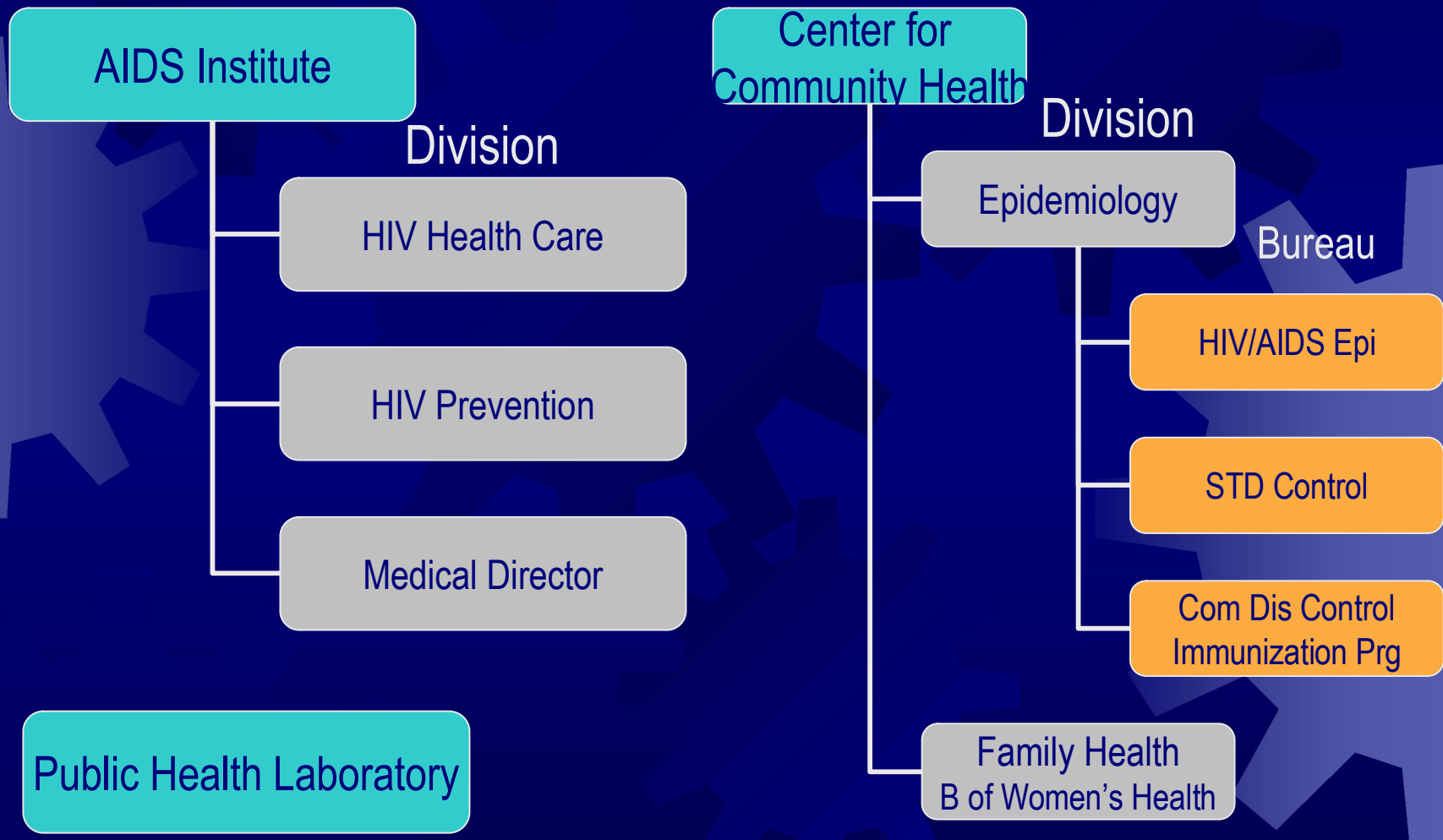
Why Integration?

- An effective way to plan programs and services from the perspectives of:
  - Common risk factors;
  - Same people being served;
  - Same providers in the community.
- Recognize multi-factorial nature of disease causation and risk
- Make most efficient use of scarce resources

NYS DOH Org Chart



NYS Organizational Matrix For HIV/STD/TB/Hepatitis



Important Related Offices for Integration

- Department of Health
  - Medicaid
  - Managed Care
  - Science and Public Health
  - Hospital regulation
- Other State Agencies
  - Correction
  - Alcoholism and Substance Abuse Services
  - Mental Health
  - Parole
- Other
  - Pubic hospital system

Evolution of Program Integration, New York State

- Mid -1980s – AIDS Institute formed
  - AIDS Surveillance/Epi => Epi Division
  - Enhanced Medicaid $$ => AIDS Institute
- Early 1990s – Address heavy impact of IDU on HIV
  - HIV testing/care collocated with substance abuse treatment services => AIDS Institute/OASAS
- Mid -1990s – Provide partner notification
  - HIV partner notification program => STD program
- Late 1990s / Early 2000s – Hepatitis Work Group
  - Hep vaccine – Immunization Program + STD + HIV/IDU prgs.
  - Hep surveillance => Epi division
  - Hep C coordinator moved Epi => AIDS Inst

Multiple Approaches to Program Integration

- Structural
  - Pros: Better align major players
  - Cons: can't be relied on to address all integration issues; reorganization can lead to confusion
- Collaborative (cross functional)
  - Pros: Flexible, rapid implementation
  - Cons: not sustainable if not institutionalized
- Both approaches are needed.

Avoid Over-Reorganization

" . . . every time we were beginning to form up into teams we would be reorganized . . . I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization."

Petronius Arbiter, 210 B.C.

NYS Approach to Integration

- Active involvement of providers, consumers;
- Leverage multiple funding streams; existing programs;
- Mobilization of other state agencies, systems;
- Open lines of communication;
  - Joint development of messages and materials;
  - Collaboration on funding proposals;
  - Link prevention and care.
- Utilize cross functional teams frequently

Integration Example: Hepatitis

- Focus on hepatitis began without new resources
- Establish widely representative working group meets quarterly
- Joint development of strategic plan
- Given lack of dedicated funding, program components were located where resources exist:
  - Surveillance – with communicable disease
  - Vaccination – piggy-back on existing service settings - STD
  - Link to health care settings – AIDS healthcare program

Hepatitis Integration 2006

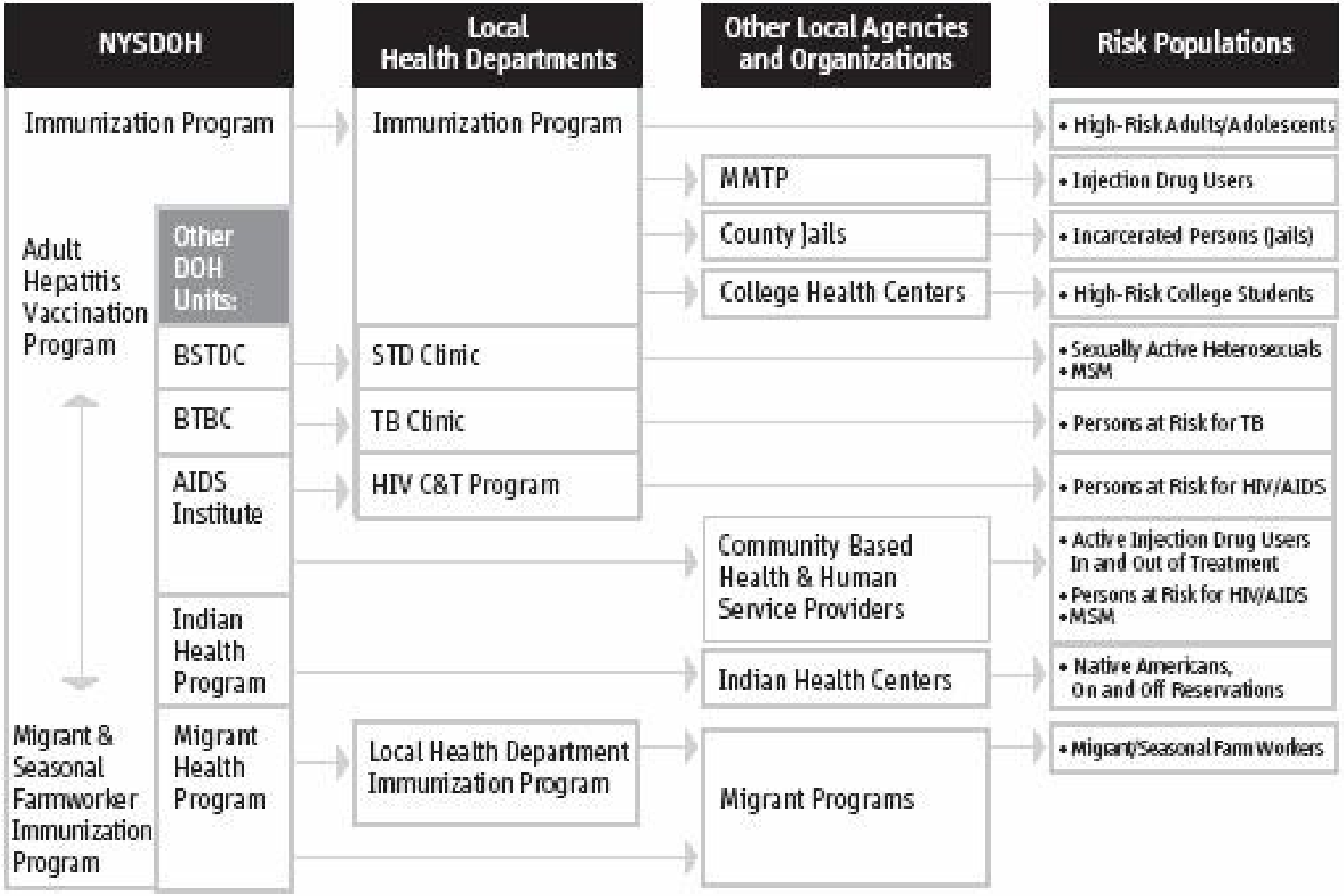
Initiatives	Center for Community Health			AIDS Institute					Wadsworth Center	
	Bureau of HIV/AIDS Epi.	Bureau of Disease Control	Bureau of STD Control	Exec. Office	Office of the Medical Director	Division of HIV Prevention	Division of HIV Health Care	Office of Program Eval. & Research	Viral Genotyping Laboratory	HIV Diagnostic Laboratory
Collaborative Planning										
• Meeting with CDC Division of Viral Hepatitis	✔	✔[1, 2]	✔	✔	✔	✔	✔	✔	✔	
• First Annual Meeting of Northeast Hepatitis C Coordinators' Alliance							✔			
• Viral Hepatitis Strategic Plan	✔	✔[1, 2]	✔	✔	✔	✔	✔		✔	✔
• Viral Hepatitis Strategic Plan Tracking Document	✔	✔[1, 2]	✔	✔	✔	✔	✔		✔	✔
• Hep. Integration Work Group	✔	✔[1, 2]	✔	✔	✔	✔	✔		✔	✔
• Hepatitis A&B Work Group		✔[1, 2]	✔	✔	✔	✔	✔			
• Interagency Meetings	✔	✔[1, 2]	✔	✔	✔	✔	✔			
Developing New Models of Service Delivery										
• Viral Hepatitis Integration Project							✔	✔		
• Primary Care Resolicitation & Montefiore Infectious Disease Clinic							✔			
• Hepatitis C Continuity Program				✔		✔	✔			
Enhancing Service Delivery										
• STD/HIV Hepatitis Integrated Risk Assessment Tool		✔[1, 2]	✔	✔	✔	✔	✔			
• Promotion of Hepatitis C Clinical Guidelines		✔[1]			✔				✔	

Note: 1=Healthcare Epidemiology Program; 2=Immunization Program

Hepatitis Integration Successes

- Hepatitis Integration Project (CDC funded)
  - Builds on co-located HIV Testing/Primary Care in Substance Use Treatment and harm reduction settings
- National Hepatitis Training Center
- Hepatitis A and B Vaccination
  - STD, state corrections, harm reduction sites
- Hepatitis C surveillance and follow up: Communicable Disease
- Hepatitis C Coordinator – AIDS Institute

Targeting High-Risk Adults for Hepatitis A and B



Hepatitis Integration Status

- Collaborative approach is successful in the absence of dedicated funds
- Takes advantage of expertise and populations served by various existing units
- Structural changes (move Hep C coordinator to AIDS Institute) included
- Remain open to reorganization in the future as resources become available.

Impediments to Integration

- Different philosophies;
- Organizational separation;
- Limitations of categorical grants;
- Competition for financial resources;
- History of poor relationships;
- Personality conflicts.

Facilitators of Integration

- Communication
- Leadership;
- Realization of shared goals;
- Plan from perspective of the “customer”: patients, clients, providers;
- Identify needed components and build on the different strengths of programs;
- Realize economies of collaboration;
- Organizational connections.

CDC's Role

- Recognize the need for flexibility to meet local needs;
- Recognize and promote "Models that work"/"Best Practices";
- Foster interaction among Project Officers in different program areas;
- Consider cross-training, joint site visits;
- Convene joint national conferences or overlap at same locale;

CDC's Role

- Coordinate with other federal agencies, e.g. substance use;
- Build in integrative goals into cooperative agreements;
- Give data standards and provide flexibility for providing equivalent data;
- Be consistent in definitions/data elements (age, race, etc.);
- Request adequate and stable resources.

Summary

- Integration must be a broad, organizing principle, even beyond these 4 programs;
- Although structural integration may be desirable, collaborative integration must also be practiced.
- Integration must be an organizational priority backed by leadership;
- Integration can’t overcome inadequate funding.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KIDDING)